

January 21, 2026

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| Date: | Wednesday, February 18, 2026 | Type: | Virtual |
| Start Time: | 12:33 pm | End Time: | 1:30 pm |
| Leaders: | Peta-Gaye Tomlinson (Chair), Africka Hinds and Denese Smith-Munroe (DPH Liaisons) | | |
| Participants: | 21 | Next Meeting: | March 18, 2026 (in person) |

WELCOME AND INTRODUCTIONS

QPM Chair Peta-Gaye Tomlinson: (1) introduced herself and DPH liaisons Africka Hinds and Denese Smith-Munroe, (2) reviewed the charge of the committee, and (3) reviewed the meeting agenda. Participants introduced themselves in the chat.

To energize folks after lunch, the group completed a Wordle – successfully guessing “STUDY” in four tries (as in the Plan-Do-Study-Act quality improvement model). Africka Hinds noted that as a good quality improvement exercise.

ADMINISTRATIVE MATTERS

Approval of January 2026 Meeting Notes. In January, the team:

- Provided a brief [refresher on QPM](#) and our role in developing the 2027-2031 Integrated Plan.
- Continued to [discuss the findings from the Ryan White Needs Assessment Survey](#). The team focused on potential performance measures to include in the Plan – including measures for HIV testing and PrEP. Participants also discussed challenges with performance measures – often things that are easy to measure are not as helpful in assessing progress towards achieving our goals.

The team approved the January meeting notes with no edits.

INTEGRATED PLAN DRAFT GOALS AND OBJECTIVES

Peta-Gaye noted that the team decided in January to review the emerging 2027-2031 Plan, to see how it aligns with the indicators selected for our current Plan. The HIV Funder Group has been developing an initial draft of Plan goals and objectives.

Dave first reviewed the draft Plan goals and objectives – stressing that this is a draft, working document that may change as the Plan is developed by stakeholders. (See [this link](#) for the draft goals and objectives.)

Participants shared the following feedback:

- Nitza Agosto suggested **including baseline results** for the Plan objectives (e.g., the current number of Syringe Services Program clients), to get a better sense of whether the objectives are ambitious but achievable.
- William Morales noted that the draft Plan includes activities CT is already doing. Our challenge is **how we can do these activities better** in order to achieve Plan goals.
- Peta-Gaye noted that the **Respond Pillar objectives** could have been influenced by the recent successful, collaborative efforts between Hartford Health Department and DPH’s work in activating

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community mobilization efforts after receiving data about a spike in STIs (sexually transmitted infections) in the north end of Hartford to focus prevention and care efforts in this neighborhood.

- Brittany Shumpert noted how the (new-to-her) **syndemic approach** is important given how STIs, Hepatitis C, and substance use are all connected with HIV. Peta-Gaye stated that while the term is new, Ryan White has long taken a whole-person approach to care.
- Participants suggested **activities** to help achieve Plan goals and objectives. Brittany suggested bringing back the take-home STI testing kits, which could be effective in engaging youth. Peta-Gaye noted that access to condoms and other materials will change with the closing of the Distribution Center. Ruth Murray agreed that we need to build in specific strategies for making progress with limited resources (an "all hands on deck" approach).

Dave then reviewed how the draft Plan Objectives align with the current Plan's indicators (see [this link](#) for the crosswalk).

Per Ruth's suggestion, participants completed a poll to identify **indicators from the current 2026-2026 Integrated Plan that should be included as performance measures in the 2027-2031 Plan**. A majority recommended including: (1) Number of people newly diagnosed with HIV; (2) Disparities in viral load suppression rates; and (3) Disparities in new diagnoses. The following table shows the full results. The team can draw on these results at future meetings to select performance measures.

| Measure | Percent Voting to Include in 2027-2031 Plan |
|---|---|
| Number of people newly diagnosed with HIV | 72% |
| Disparities in viral load suppression rates | 61% |
| Disparities in new diagnoses | 50% |
| Number of newly diagnosed chronic Hepatitis C infections | 39% |
| Percent of PWH (people with HIV) aware of their status | 39% |
| Percent of late testers | 28% |
| The percentage of newly diagnosed clients interviewed by DIS (Disease Intervention Specialists) | 28% |
| Number of syphilis cases | 22% |
| Number of overdose deaths | 17% |

Finally, the team briefly discussed options for including a **stigma** indicator as a performance measure – building on the morning Ryan White Needs Assessment Survey (part 2) presentation by Mitchell Namias. Participants agreed that the Plan strategies that address stigma need to be identified first. Depending on the specific strategies, the team can decide what performance measure(s) will make sense (e.g., surveying non-Ryan White patients, assessing provider bias).

Peta-Gaye thanked the team for a productive discussion. QPM will start to identify and select performance measures at the in-person March and April meetings – building on today's discussion.

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NEXT STEPS

- Dave will circulate the meeting handouts to the team – see [this link](#) for all QPM meeting materials.
- Future QPM meeting handouts will include baseline data (where available), along with the emerging Plan activities (from discussions at HIV Funders Group, CHPC and Ryan White partners).

MEETING FEEDBACK

Participants completed a meeting feedback poll:

- Participants gave the meeting a grade of A (94%) and B (6%).
- 94% reported that they understood the meeting information and materials.
- 100% reported that the meeting felt inclusive and respectful of all voices.

Open-ended responses included:

| Liked Best | Improve Future Meetings |
|--|--|
| <ul style="list-style-type: none"> • I loved the word game. make it HIV or care-related words to keep everyone on their toes • The Ice breaker activity • Keep the wordles coming lol, and the discussion on what we all think is needed • Inclusiveness • Very informative and interactive • Fun vibe • Information was broken down and understandable. Also, the discussion was good. • The meeting was well organized. • Good discussion • Making sure everyone understood what was being talked about • On time. • Presenter | <ul style="list-style-type: none"> • More context for voting • Digestible material |

ADJOURN

The meeting adjourned at 1:30 pm.

ATTENDANCE

Attendance records are kept on file with the CHPC support staff.